



Replacement Sheet

4/6

COGENT MEDICINE
Web tools for clinical excellence

COGENT MEDICINE

Home About Cogent Medicine Contact Us New Editors Choice | Search MEDLINE | My Library | My Queries | My Profile | Log Out

ICD-9-CM Evidence-Based Medicine MEDLINE® Search

ICD-9-CM Term Finder

Hormone

- ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS
- DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS
- MENTAL DISORDERS
- DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS
- DISEASES OF THE CIRCULATORY SYSTEM
- DISEASES OF THE RESPIRATORY SYSTEM

Evidence-Based Medicine Filter

Cogent Medicine

Cogent Medicine ASKMD's York UCSF

Search

NEUROTIC DISORDERS, PERSONALITY DISORDERS, AND OTHER NONPSYCHOTIC MENTAL DISORDERS

- Neurotic disorders
- Personality disorders
- Sexual disorders and disorders of sexual function
- Alcohol dependence syndrome
- Drug dependence
- Opioid type dependence
- Hormone
- Mepartine
- Methadone
- Morphine
- Opium
- Opium alkaloids and their derivatives
- Synthetic analgesics with morphine-like effects
- Nondependent abuse of drugs

MENTAL RETARDATION

FIGURE 4

Replacement Sheet

5/6

The screenshot shows a search results page for MEDLINE. At the top, there is a logo for COGENT MEDICINE with the tagline "Web tools for clinical evidence". The navigation bar includes links for Home, About, Contact Us, New Editors Choice, Search MEDLINE, My Library, My Queries, My Profile, and Log Out. Below the navigation bar, the title "MEDLINE® Search Results" is displayed, along with "Edit Query" and "Save" buttons, and a link to "Search MEDLINE basic". The search query is shown as "ICD/EDM QUERY DETAILS : ((Term equals "heroin") (Filter equals "COM"))". The search results list 7 items, each with a checkbox, a rank number, the author, and a brief abstract. The abstracts are as follows:

- R. 1. Lef F, Bruneau J, Stavert J. Understanding polydrug use: review of heroin and cocaine co-use. *Addiction*. 2003 Jun;98(4):7-22. PMID: 12492751
- R. 2. Kirchmayer L, Davoli M, Vestergaard AD, et al. A systematic review on the efficacy of naltrexone maintenance treatment in opioid dependence. *Addiction*. 2002 Oct;97(10):1241-9. PMID: 12359026
- R. 3. D'Aunno T, Pollack HA. Changes in methadone treatment practices: results from a national panel study, 1988-2000. *JAMA*. 2002 Aug 21;288(7):350-6. PMID: 12166502
- R. 4. Matlick RP, Kimber C, Braun C, et al. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database Syst Rev*. 2002;(4):CD002207. PMID: 12515569
- R. 5. Matlick RP, Braun C, Kimber C, et al. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane Database Syst Rev*. 2002;(4):CD002208. PMID: 12515570
- R. 6. Kirchmayer L, Davoli M, Vestergaard A. Naltrexone maintenance treatment for opioid dependence. *Cochrane Database Syst Rev*. 2002;(2):CD003331. PMID: 12076406
- R. 7. Gowrisankar A, R, White J. Buprenorphine for the management of opioid withdrawal. *Cochrane Database Syst Rev*. 2002;(2):CD002025. PMID: 12076434

FIGURE 5

Replacement Sheet

6/6

 **COGENT MEDICINE** *Web tools for clinical excellence*

COGENT MEDICINE

Home About Cogent Medicine Contact Us New Editors Choice | Search MEDLINE | My Library | Edit Library | My Profile | Log Out

Dr. Sigmund Freud's Library

[View All Citations](#) | [Edit Library](#)

* Folder Contains New Editors Choice Citations

Radiation Oncology

Medical Oncology

Psychiatry

- ◆ [ADHD: Child & Adult](#)
- ◆ [Eating Disorders](#)
- ◆ [Emergency Psychiatry](#)
- ◆ [Mood Disorders](#)
- ◆ [Pharmacological Agents](#)
- ◆ [Psychotomimetics and other Psychotic Disorders](#)
- ◆ [Sexual and Gender Identity Disorders](#)
- ◆ [Sleep Disorders](#)
- ◆ [Somatoform Disorders](#)

◆ [Substance-Related Disorders](#)

- ◆ [Alcohol](#)
- ◆ [Amphetamines](#)
- ◆ [Cocaine](#)
- ◆ [Opioids](#)

◆ [My Saved Citations](#)

◆ [Polysubstances](#)

Selected Citation Details

PMID 12126602

Title Changes in methadone treatment practices: results from a national panel study, 1988-2000.

Author D'Aunno T, Polack HA

Source JAMA. 2002 Aug 21;288(7):830-6.

Abstract CONTEXT: Results from several studies conducted in the early 1990s showed that the majority of US methadone maintenance programs did not use treatment practices that met established standards for the care of heroin users. Effective treatment for heroin users is critical given the upsurge in heroin use and the continued role of injectable drug use in the human immunodeficiency virus and hepatitis C epidemics. OBJECTIVES: To examine the extent to which US methadone maintenance treatment programs have made changes in the past 12 years to provide adequate methadone doses and to identify factors associated with variation in program performance. DESIGN, SETTING, AND PARTICIPANTS: Program directors and clinical supervisors of nationally representative methadone treatment programs that varied by ownership (for-profit, public, or private not-for-profit) and setting (eg, free-standing, hospital-based) were surveyed in 1988 (n = 172), 1990 (n = 140), 1995 (n = 116), and 2000 (n = 150). MAIN OUTCOME MEASURES: Percentage of patients in each treatment program receiving methadone dosages of less than 40, 60, and 80 mg/d. RESULTS: The percentage of patients receiving methadone dosage levels less than the recommended 60 mg/d has decreased from 79.5% in 1988 to 35.3% in 2000. Results also show that programs with a greater percentage of African American patients are especially likely to dispense low dosages, while programs with Joint Commission on Accreditation of Healthcare Organizations accreditation are more likely to provide adequate methadone doses. CONCLUSIONS: Efforts to improve methadone treatment practices appear to be making progress, but many patients are still receiving substandard care.

FIGURE 6